



Application for Outpatient Departments Participating in 340B Drug-Pricing Program for MassHealth Members

Option A – 340B entity-owned pharmacy

- ☐ Enclose a copy of the “340B Drug Pricing Enrollment Letter for Private Non-Profit Hospitals,” used to register with the Health Resources and Services Administration, Office of Pharmacy Affairs, as a 340B-covered entity.

- ☐ Provide information requested below about the 340B entity-owned pharmacy.

Name of the 340B-covered entity:

MassHealth pharmacy provider no. (provider type 40):

If you do not have a MassHealth pharmacy provider number, you must submit a completed application for one to Provider Enrollment and Credentialing.

Contact name:

Contact telephone no.:

Contact e-mail address:

Pharmacy license no.:

DEA no.:

NCPDP no.:

Tax ID no.:

Option B – 340B-covered entity contracting with a pharmacy

- ☐ Enclose a copy of the “340B Drug Pricing Enrollment Letter for Private Non-Profit Hospitals,” used to register with the Health Resources and Services Administration, Office of Pharmacy Affairs, as a 340B-covered entity.

- ☐ Enclose a copy of the “Contracted Pharmacy Services Self-Certification for the 340B Program.”

- ☐ Provide information requested below about the 340B-covered entity.

Name of 340B-covered entity :

Contact name:

Contact telephone no.:

Contact e-mail address:

MassHealth OPD provider no. (provider type 80 or 81):

Tax ID of the 340B-covered entity:

- ☐ Provide information about the contract pharmacy.

Name of contract pharmacy:

Contact name:

Contact telephone no.:

Contact e-mail address:

MassHealth pharmacy provider no. of contract pharmacy (provider type 40):

Pharmacy license no.:

DEA no.:

NCPDP no.: